

## How is Washington's medical cannabis system working for patients? 2020 update

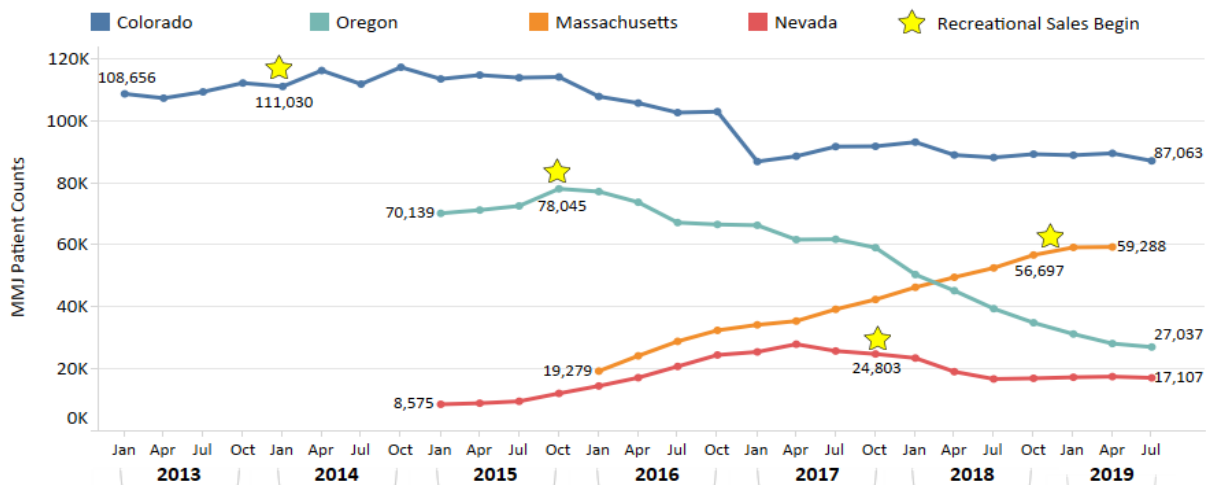
<i>Participation</i>	WA State 2019	Washington State 2017	Colorado 2017
number of <b>registered</b> medical cannabis patients	14,293* (2020) 11,600*	17,809* (2018) 15,400*	92,689 (2019) 87,063
estimated # of qualifying patients*	161,000 - 193,546	153,000" - 184,000	117,000
estimated state populations	7,530,552 (2018)	7,159,144	5,540,545
<p>*Apparently these numbers were over-estimates by LCB. Now DOH disagrees with them. These numbers were reported to the Commerce and Gaming committee during September work sessions. See the graph below for DOH's more recent (and lower) estimates of the number of patients registered in the medical cannabis patient database. I also believe DOH's numbers to be inaccurate. For some reason, Washington State is unlike other states in that the number of registered patients cannot be easily determined on-demand.</p>			

"Rand Corporation

Estimated state populations 2019 (to provide context for comparative registration number between states.)

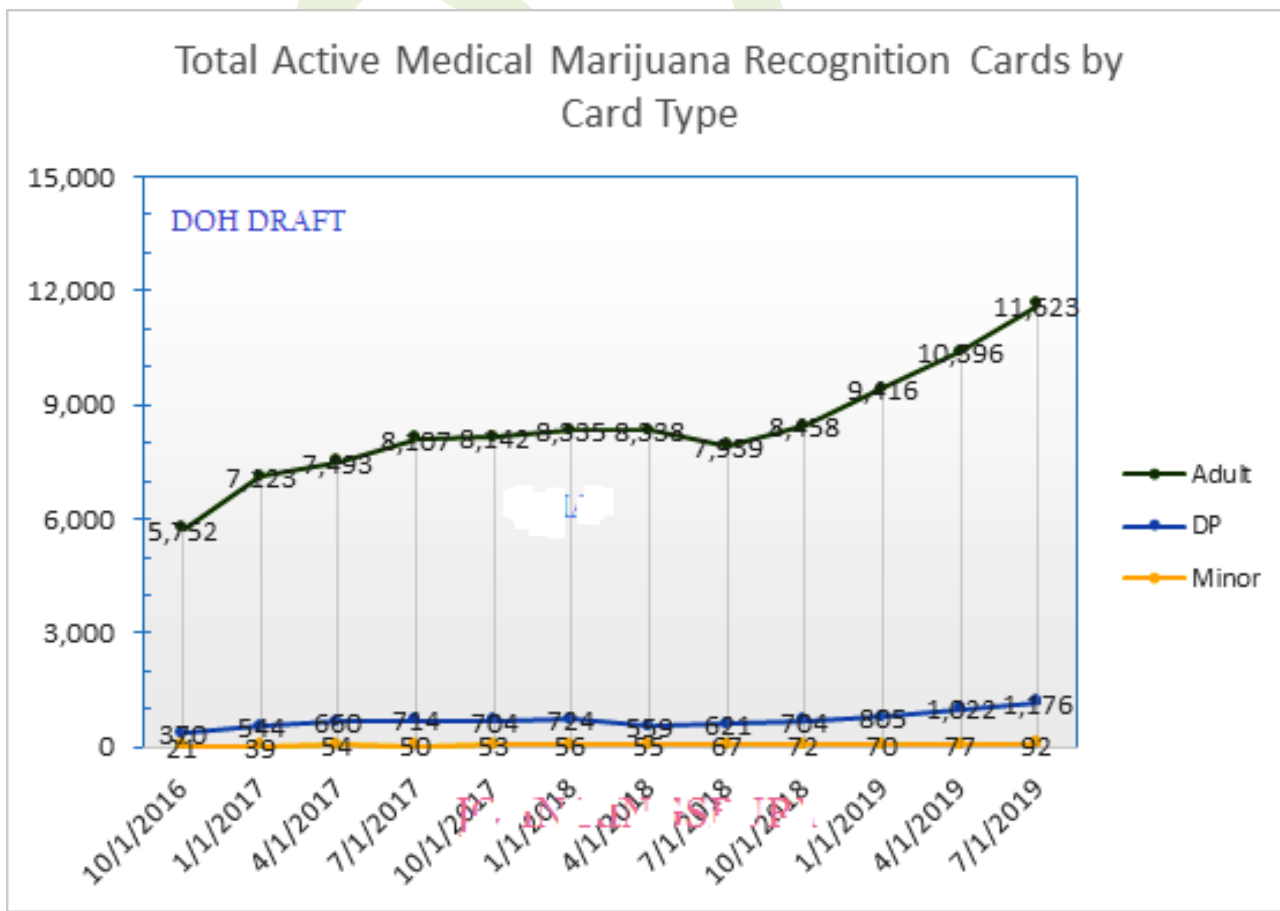
Colorado	5,695,564
Oregon	4,190,713
Mass	6,902,149
Nevada	3,034,392
Washington	7,535,591

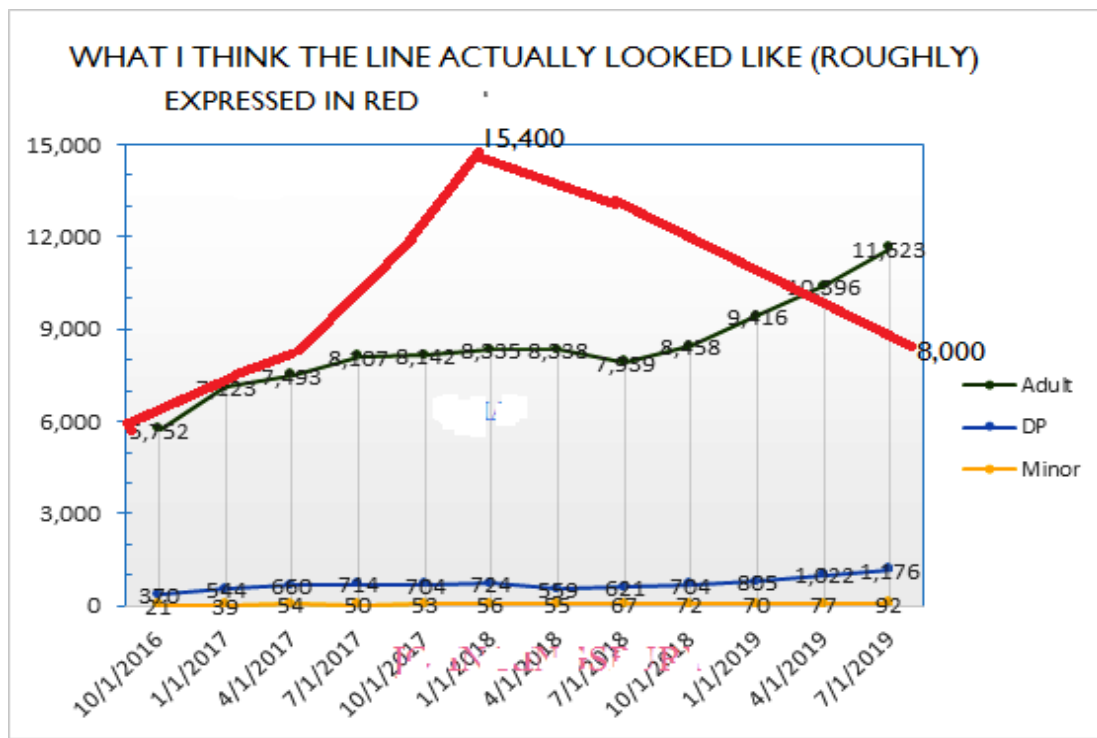
**Impact of Legalizing Recreational Marijuana on MMJ Patient Counts In Colorado, Nevada, Massachusetts & Oregon**



Source: Oregon Medical Marijuana Program, Colorado Marijuana Enforcement Division, Nevada Division Of Public and Behavioral Health, Massachusetts Medical Use of Marijuana Program  
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**Number of Washington State patients in the database according to latest DOH estimates.**





**Why is patient participation in Washington’s registry so low?**

- Easy and wrong answer: Because the recreational system and products are working so well for patients that there is no need for them to register and participate in the medical system.
- Real answers:
  1. There are few incentives to register.
  2. Medical products are difficult to find in the regulated system.
  3. Patients fear registering more than they fear not registering.
  4. There are reasons the 502 market does not work for many patients. Instead of addressing those problems, 5052 created punitive incentives to coerce patients into the 502 market –which does not seem to have worked, except to further incentivize legitimately qualifying patients into the black market –thus, recriminalizing them.

**Patient Surveymonkey Survey**

# of respondents to 6/27/2017	<b>119</b>
# of respondents to 9/25/19	<b>217</b>

**Question #1**

**Do you self identify as a Washington State medical cannabis patient?**

	2019	2017
<b>YES</b>	215	118
<b>NO</b>	2	*1

**\*self-identifies as designated provider  
2019 survey : 1 identifies as designated provider, 1 indicates “no” but states holds recognition card and has qualifying condition**

**You hold:**

	2019	2017
a valid medical authorization.	59.07% 127	59.66% 71
a DOH recognition card as a result of being registered in the patient database.	09.68% 21	17.65% 21
neither.	31.8% 69	22.69% 27

**My qualifying condition is/are :**

	2019	2017
INTRACTABLE PAIN	74.65% 162	67.22% 80,

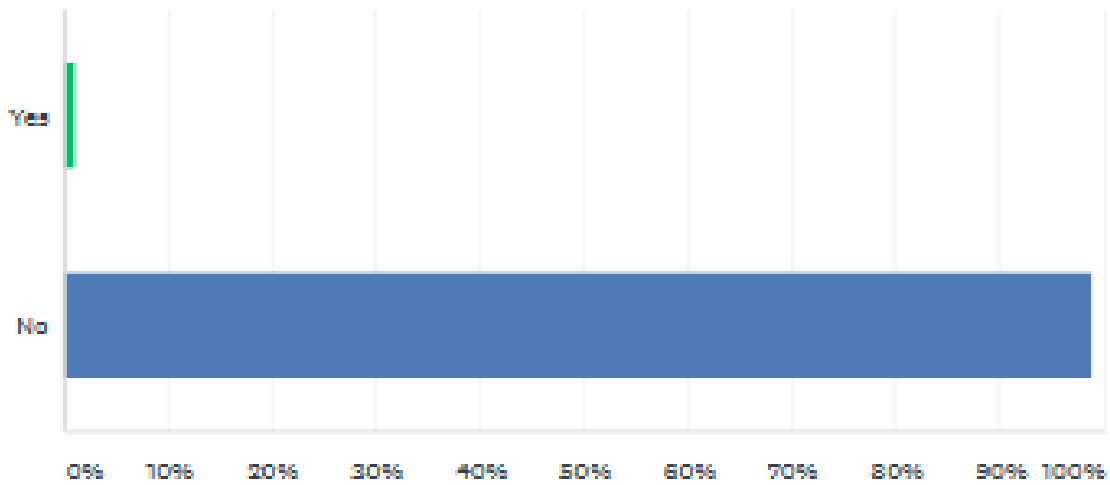
NON-MS NERVE DISEASE	DELETED QUESTION	29.41% 35,
MULTIPLE SCLEROSIS	10.14% 22.	22.69% 27.
PTSD	35.94% 78/	21.84% 26
SPASTICITY	17.97% 39.	17.64% 21.
EPILEPSY OR OTHER SEIZURE DISORDER	6.91% 15.	10.08% 12.
CROHN'S DISEASE	6% 13.	9.24% 11.
CANCER	7.83% 17.	7.56% 9.
GLAUCOMA	4.6% 10..	5.04% 6.
HIV	1.38% 3.	3.36% 4.
HEPATITIS C	4.14% 9.	2.52% 3.
CHRONIC RENAL FAILURE	0% 00	00

**Question # 4**

***Do you feel that the current medical scheme in Washington State provides adequate and appropriate access to cannabis for your medical needs?***

**2019<sup>i</sup>**

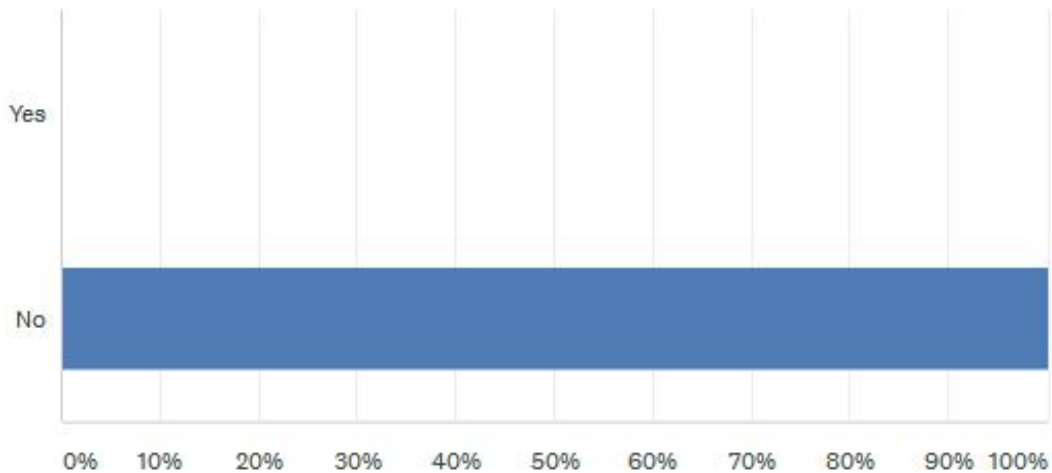
**No 99.08%**



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**2017**

**No 100%**



**Question #5**

***In order of importance to you, 1 being most important, 12 being less important, rate (please add your own priorities as well):***

	<b>2019</b>	<b>2017</b>
1. Provide legalization of medical growing and increased possession amounts rather than merely offering "affirmative defense" and "arrest protection.	<b>1</b>	<b>1</b>
2. Legal vulnerability of declaring patient status	<b>2</b>	<b>5</b>
3. Elimination or reduction of excise tax for patients.	<b>3</b>	<b>4</b>
4. Availability and affordability of high-dose edibles.	<b>4</b>	<b>2</b>
5. Availability of DOH Compliant product	<b>5</b>	<b>7</b>
6. Permit recreational home grows	<b>6</b>	<b>3</b>
7. General availability of appropriate products	<b>7</b>	<b>6</b>
8. Difficulty finding knowledgeable help from 502 stores	<b>8</b>	<b>8</b>
9. Barriers to obtaining authorization renewals	<b>9</b>	<b>9</b>
10. Obtaining clones and seeds	<b>10</b>	<b>10</b>

**Question #6**

***How do you seek access to cannabis for your medical use now? (you can mark more than one choice)***

	<b>2019</b>	<b>2017</b>
1. I buy recreational 502 product	49.49%	42.02%
2. I am dependent upon a patchwork of means to obtain cannabis	35.35%	36.29%
3. I grow for myself within the rules provided by the state.	33.33%	32.77%
4. I primarily buy from the black market	16.16%	17.65%
5. I grow for myself outside of the rules provided by the state	14.14%	16.08 %
6. I am fortunate enough to receive free cannabis from others	13.13%	11.76%
7. Other responses (please specify)	10.10%	10.08%
<b>Total</b>	<b>171.7%</b>	<b>162.65%</b>

(Other)

I buy from the Underground I-692 Market forced back to working as we always have. Patients assisting patients  
9/13/2019

Skagit organics is providing my RSO oils for me through The Green Room.  
9/9/2019

I go without because I can't afford recreational cannabis prices and my doctor is disallowed from authorizing cannabis because my clinic is federally funded and Apple Health does not cover cannabis medicine. .  
9/8/2019

It is very hard to get organic cannabis lovingly produced.  
7/10/2019

I'd rather not say  
7/7/2019





Since the medical places closed I have gone without. I stay home alot now and use pills that are not as effective as cannabis was...

6/30/2019

### **Question #7**

**Do you have other suggestions to improve the system, questions that should have been asked, concerns, or other comments. (All comments are appreciated)**

*Get someone knowledgeable about medical cannabis on the LCB. The sin tax is absurd, and since cannabis is my medicine WHY AM I PAYING ANY TAX AT ALL? It sure isn't medical grade in the 502 store.*

*Organic certification is really important to consumers.*

*I have a hard time finding a doctor i am a veteran and can't use my VA doctor and trying to get my renewal is challenging some years as doctors move. It would be a huge cost savings for me if i were able to grow 4 plants without having to pay for doctors fees and i still use the recreational stores for supplementing my medical needs.*

*NO TAX ON MEDICAL! More Education. Stores need staff trained to assist medical patients. Doctors need to be Cannabis educated. Higher dosage products.*

*remove the excise tax for medical patients. It's wrong to make tax revenue off of medication, especially 37%*

*The state needs to go back to the old limits for patients, 15 plants and 24oz of useable flower on hand.*

*Higher dosed edibles, without having to register. 10 mgs is a cruel joke to a MS patient. Medical should have been kept separate, not destroyed. Possession limits are two lows. Allow recreational homegrown.*

*Patients should NOT pay the 37% excise tax. I'd rather pay the 10% sales tax and have the excise tax removed. All cannabis products should be pesticide tested. This is about the health and well-being of all citizens in WA, not just the patients!*

*Clones and Fem seeds*

*I require whole plant, so that my wife (DCP), can make the correct medications with the appropriate materials & dosing.*

*You get no advantage to being a patient*

*make seeds and clones legal and allow them to be sold*

*Allow home grows for recreation use Allow home grows for medical use Allow community gardens for people who cannot grow on their own. Truly legalize marijuana, and not just make it commercialized like it currently is.*

*Medical Card Holders should enjoy a bigger discount than simply State Tax, No Tax would be Great!*

*Make easier and cheaper access to medical strains. Have medical consultants available at dispensary. have high CBD strains available at a reasonable price.*

*let patients home grow*

*just get the government out of the way.*

*The tax rate is too high. Also, I should be able to buy medicine tax free with a valid authorization WITHOUT registering and giving up my private information.*

*Patients need direct access to growers. Pesticides and other products used to growing can be deadly to some patients.*

*Bring back medical there r no clean affordable meds in the rec stores Medical & rec need to be separate the state & LCB have failed patients in WA state. I suggest medical farmers markets. This is easiest model for patients. They can get all their meds in one place rather than going to ea place to get everything they need.*

1) Kill the registry. I will never register my personal information in a government database voluntarily, especially for an activity that is federally illegal. The DOH could track authorizations through practitioners and have a better sense of how many patients there are. There are other issues at play now that are related to the opioid crackdown that may cause practitioners to stop writing auths and DOH should be concerned about that, IMO. 2) Increase the discount for authorized patients. I have seen retailers offer a 30% "industry discount" to anyone working in 502, have seen a retailer give a 35% discount to friends, and I can't even "stack" my discount I get with an auth with any other deal so I never manage more than 20% off that I get as a frequent shopper, so in that case, my patient auth doesn't help me in the least. 3) Edibles are still a joke. Until they allow higher THC in single doses, edibles aren't helpful. And - until patients can trust that flower is pesticide free, there's a risk in making your own edibles with medicine sourced in 502.

Home improvement: universal right to homegrow for adults 18+ with unlimited number of plants in veg and up to 99 plants in flower, deschedule plant, decriminalize use, remove limits, and get off my grass.

If we have a medical authorization leave us alone or deschedule it .

### **RE: Stores holding retail medical cannabis endorsements**

**(some of the) Requirements for a retail store to hold a medical marijuana endorsement (per RCW 69.50.375)**

1. Keep a certified medical cannabis consultant on staff at least part time.
2. **Carry marijuana concentrates and marijuana-infused products identified by the Department of Health as medical products.**
3. Demonstrate the ability to enter qualifying patients and designated providers in the medical marijuana authorization database ...and **issue recognition cards and agree to enter qualifying patients and designated providers into the database and issue recognition cards in compliance with department standards**
4. Keep copies of the qualifying patient's or designated provider's recognition card.. keep equivalent records as required by rule of the LCB and Department of Revenue

**How are patients benefitting from retail medical cannabis and store discounts.**

**(as of March 2017, more current information not available)**

# Number of patients using their 9% discount to purchase (mostly recreational quality) cannabis	< 7000 patients mo
Average dollar purchase among the patients using the sales tax discount.	\$154 /mo
Average monthly sales tax savings	\$14 /mo.

**Concerning stores holding medical marijuana endorsements.**

	2019	2018	2017
Number of stores given medical endorsements by LCB	265	279	499 (DOH website) 464 (LCB list of stores with endorsements)
Stores considered "active" by Department of Health* (see note+)	195		210
Stores with medical endorsements considered "inactive" (DOH)	Inactive stores: 378		289

"Medical" stores that can generate recognition cards.	?	192 (maybe)
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\* *Active stores* that have a certified medical marijuana consultant registered in the database. This doesn't necessarily mean that they are using the database to create or verify recognition cards.

***How well are stores that hold medical endorsements meeting the requirements of holding their endorsements. (spring 2017)***

# OF STORES THAT HAVE <b>EVER STOCKED</b> DOH COMPLIANT PRODUCT	77
# OF STORES CURRENTLY STOCKING <b>ANY</b> DOH COMPLIANT PRODUCT	TRACEABILITY FOR THIS PRODUCT HAS BEEN LOST SINCE MID 2017 WE HAVE FOUND 14 STORES STATEWIDE WITH THIS PRODUCT DURING 2019
<b><u>PERCENTAGE OF STORES HOLDING MEDICAL ENDORSEMENTS THAT HAVE EVER MET MORE THAN TWO OF THE STATUTORY REQUIREMENTS FOR HOLDING A MEDICAL CANNABIS ENDORSEMENT</u></b>	<b><u>15.43%</u></b>

***Are medical cannabis consultants helping patients?***

***Measures of consultant knowledge and competence.***

***What a medical cannabis consultant is required to know. RCW 69.51A.290***

- (2) A training or education program approved by the secretary must include the following topics:
- (a) The medical conditions that constitute terminal or debilitating conditions, and the symptoms of those conditions;
  - (b) Short and long-term effects of cannabinoids;
  - (c) Products that may benefit qualifying patients based on the patient's terminal or debilitating medical condition;
  - (d) Risks and benefits of various routes of administration;
  - (e) Safe handling and storage of useable marijuana, marijuana-infused products, and marijuana concentrates, including strategies to reduce access by minors;
  - (f) Demonstrated knowledge of this chapter and the rules adopted to implement it; and
  - (g) Other subjects deemed necessary and appropriate by the secretary to ensure medical marijuana consultant certificate holders are able to provide evidence-based and medically accurate advice on the medical use of marijuana.

(5) (a) Assisting a customer with the selection of products sold at the retail outlet that may benefit the qualifying patient's terminal or debilitating medical condition;

**Survey of consultants**

**sample size, 82 consultants, period from August 2016 – August 2017**

Correctly knew the requirements and privileges that came with patient registration.	56% (46)
Correctly knew plant and patient holding limits.	67% (55)
<u>Did not know</u> what DOH medically compliant product is. (even though it is required to be stocked in their stores)	72% (59)
Mistakenly believed that organic products are “pesticide-free”	84% (69)
Believed that it was required that pesticides be listed on the packaging <u>(even though they could look at the packaging and see that it was usually not listed there !</u>	47% (38)
Knew <u>ANY</u> of the alleged benefits of CBD (after they showed me CBD products when I requested “medical” cannabis.)	21% (17)
Believed that recreational products are tested for pesticides.	78% (64)
Of the consultants who offered me “Clean Green Certified” products, percent who could explain what “Clean Green Certified” meant.	0% (0)

**WAC 246-72-030**

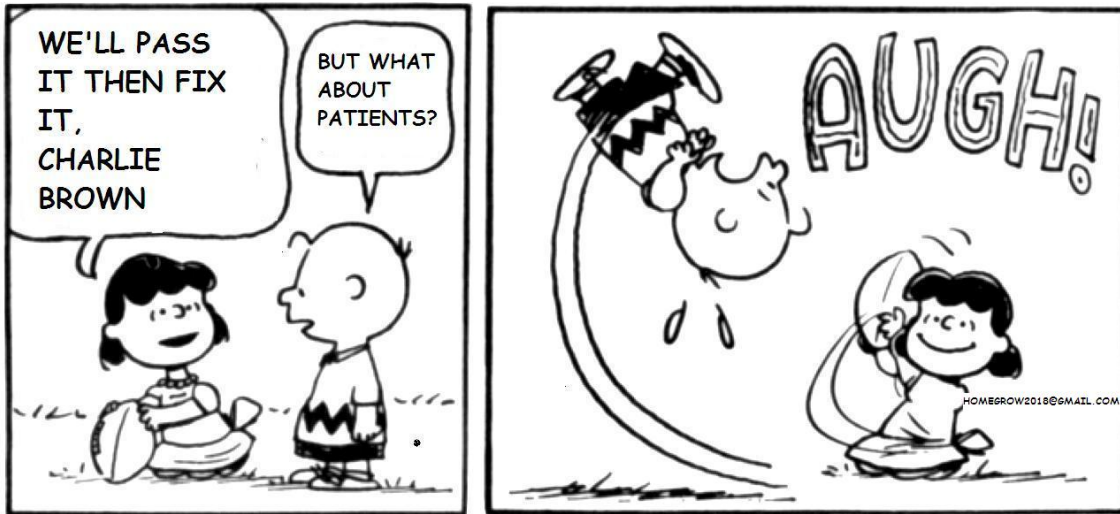
**How is the conversion to patient “cooperative” gardens working.**

	<b>Number of registered cooperative gardens statewide (according to LCB licensing sheet)</b>	15		
number of unregulated farmers markets that we were able to locate	2020	2019	2017	
	27	24	17	

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**Just for fun:** *A link to lab tests for regulated and unregulated products.*

[https://drive.google.com/open?id=11-OgP\\_yW3BEBGLqbFr5SqJMfU3E9QcXM](https://drive.google.com/open?id=11-OgP_yW3BEBGLqbFr5SqJMfU3E9QcXM)



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**REGULATORY CAPTURE**

Regulatory capture is a form of government failure that occurs when a regulatory agency, created to act in the public interest, instead advances the commercial or political concerns of special interest groups that dominate the industry or sector it is charged with regulating. When regulatory capture occurs, the interests of firms or political groups are prioritized over the interests of the public, leading to a net loss to society as a whole